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## \*BIBDATASHEET\*

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Bib Data Sheet

|                             |                                       |              |                        |                                   |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER<br>10/713,083 | FILING DATE<br>11/17/2003<br><br>RULE | CLASS<br>358 | GROUP ART UNIT<br>2624 | ATTORNEY<br>DOCKET NO.<br>ZG162US |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/607,985 06/30/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/12/2004

|   |                                  |                         |                       |                            |
|---|----------------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>AUSTRALIA | SHEETS<br>DRAWING<br>12 | TOTAL<br>CLAIMS<br>19 | INDEPENDENT<br>CLAIMS<br>1 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                  |                         |                       |                            |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____  |                                  |                         |                       |                            |

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## TITLE

Print engine/controller with half-tonner/compositor

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>770 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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